

**NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES**  
**CRN POC COMPETENCY VALIDATION**

Name: \_\_\_\_\_ Manager or Designee: \_\_\_\_\_  
 Work Area: \_\_\_\_\_ Primary Preceptor: \_\_\_\_\_  
 Hire Date: \_\_\_\_\_ Competency Date: Met \_\_\_\_\_ Not Met: \_\_\_\_\_

Reason for validation: ☐ Orientation ☐ Re-validation ☐ PI Follow-up ☐ Other \_\_\_\_\_

**Key:** 1 = No knowledge/No experience 3 = Knowledge/Done with assistance **Circle method used for validation:** D = Demonstration DR = Documentation Review V = Verbalization  
 2 = Knowledge/No experience 4 = Knowledge/Done independently T = Test/Quiz O = Other (specify)

**Competency: Stem Cell Transplant - Manages care and seeks to prevent complications of patients requiring allogeneic SCT.**

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resource	Comments
						Met	Not Met*		
1. Completes/Passes (dates): Chemotherapy Certification _____ PBSCT Course _____ Cancer Concepts _____ Oncologic Emergencies _____ Cellular Product Administration _____	1	2	3	4	D, T			Unit Orientation IV/ Blood Workshop <u>NPCS Policy:</u> Infusion of Blood and Blood Components	
2. Discusses the implications of the conditioning regimens to the various types of allogeneic SCT. a. Infection – myelo-/immune suppression b. Engraftment syndrome c. VOD d. ABO Incompatibility e. GVHD f. Pneumonitis	1	2	3	4	V			<u>NPCS Procedure:</u> Infusion of Products for cellular therapy  Safe Handling of Hazardous Drugs	
3. Assesses for complications of conditioning regimen and transplant process. a. Infection – myelo-/immune suppression b. Engraftment syndrome c. VOD d. ABO Incompatibility e. GVHD f. Pneumonitis	1	2	3	4	D, DR			<u>NPCS SOP:</u> Care of patient receiving cytotoxic agents  Care of the severely neutropenic patient in hospital  Oral care for the at risk research patient.	
4. Instructs patient and family related to expected side effects/complications post allogeneic SCT.	1	2	3	4	D, DR			Experience with preceptor	
5. Assesses and discusses with patient and family psychosocial issues related to allogeneic SCT.	1	2	3	4	D, DR				

**Action Plan for Competency Achievement**

Targeted Areas for Improvement (Behavioral Indicators):


Educational Activities/Resources Provided:


“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:


Re-evaluation date: \_\_\_\_\_

By: \_\_\_\_\_

- ☐ Competency Met
- ☐ Competency Not Met

Next Step:\_\_\_\_\_